

# ***HEALTH & HUMAN SERVICES COMMITTEE***

***of the***

***Suffolk County Legislature***

## **Minutes**

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on January 12, 2006.

### **Members Present:**

Legislator Elie Mystal • Chairman  
Legislator Steve Stern • Vice•Chair  
Legislator Jack Eddington  
Legislator Edward Romaine  
Legislator John Kennedy

### **Also in Attendance:**

Presiding Officer William Lindsay • Legislative District #8  
George Nolan • Counsel to the Legislature  
Renee Ortiz • Chief Deputy Clerk/Suffolk County Legislature  
John Ortiz • Senior Budget Analyst/Budget Review Office  
Diane Dono • Budget Analyst/Budget Review Office  
Barbara LoMoriello • Aide to Presiding Officer Lindsay  
Terry Pearsall • Chief of Staff/Presiding Officer Lindsay's Office  
Michael Cavanagh • Aide to Presiding Officer Lindsay  
Paul Perillie • Aide to Majority Caucus  
Linda Bay • Aide to Minority Caucus  
Frank Tassone • Aide to Legislator Losquadro  
James Teese • Aide to Legislator Kennedy  
Deborah Harris • Aide to Legislator Stern  
Ben Zwirn • Assistant County Executive

James Dahrough • County Executive Assistant  
Jacqueline Caputi • County Attorney's Office  
Ed Hernandez • Deputy Commissioner/Department of Social Services  
Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services  
Bob Chieffo • Administrator•Client Benefits Division/DSS  
Ken Knappe • Client Benefits Division/Dept of Social Services  
Nancy Woessner • Client Benefits Division/Dept of Social Services  
Vicki Mo • Administrator•Children & Family Services Division/DSS  
Dr. Brian Harper •Commissioner/Department of Health Services  
Saba Mchunguzi • Assistant to the Commissioner/Dept of Health Services  
Len Marchese • Director of Management & Research/DHS  
Jan Moore • Director of Health Administration/DHS  
Steven Moll • Island Public Affairs  
Mike Stoltz • SC Coalition of Mental Health Service Providers  
Sandy Sullivan • Legislative Director/AME  
All Other Interested Parties

**Minutes Taken By:**

Alison Mahoney • Court Stenographer

***(\*The meeting was called to order at 12:01 P.M.\*)***

**CHAIRMAN MYSTAL:**

Good afternoon. We are a little bit late in starting our committee, so I'm going to call the committee to order. Please rise for the Pledge of Allegiance. Mr. Eddington, you want to do it?

***Salutation***

Thank you and welcome to the first meeting of 2006 of the Health and Human Services Committee. My name is Elie Mystal, I'm the Chairperson. My Vice•Chair is Legislator Stern, and the members of the committee are Mr. Kennedy, Mr. Eddington and Mr. Romaine.

Since this is our first meeting, I think I should say something about the committee. Most of you know who are here, I think •• I don't see any rookies in the house, everybody here is a pro at this, so I'll make my

comments very, very short. We deal with human services and health, probably the •• according to me, the two most important components of government in Suffolk County. I hope we have a good working relationship with the department heads.

It will be my method to always invite the Commissioner of Health and the Commissioner of human •• of Social Services to be present at each of these meetings and to bring whomever they want to bring in to speak at whatever length that they want to speak at those meetings. I think that may make the meeting a little bit longer, but the reason why I do that is because, one, the new rules state that all of our public hearings will be conducted during the meetings, so the committee will have the understanding as to what's going on in the department.

Number two, we are going to, as a matter of format, always allow the Commissioners to speak first. We are always going to ask them to come in at the table and speak to us on whatever they want to speak to us about, and then after that if we have any card on any kind of resolution or anybody who wants to say something to us, they will sit •• they will be asked to speak. And then thirdly, we will go to the agenda.

That being said, I welcome you all. To the stenographer who I think by now is getting a little bit used to my accent, and when I say a word that you don't understand, don't worry about it, I'll give you an alternative word; sometimes you may not want to hear the alternative word, but that's a different story. And to anybody who has any business in front of this committee, I welcome you. I hope we have a good year. We're going to try to keep the meetings short, but if we can't, please understand that we are conducting the business of this County. On that note, I will call Commissioner Harper.

**P.O. LINDSAY:**

I didn't even notice you had an accent.

**CHAIRMAN MYSTAL:**

That's because you're Irish, you all don't speak English.

**P.O. LINDSAY:**

It's called a brogue?

**CHAIRMAN MYSTAL:**

Yeah, I think so.

**COMMISSIONER HARPER:**

Good afternoon.

**CHAIRMAN MYSTAL:**

Good afternoon, Commissioner.

**COMMISSIONER HARPER:**

I guess I would like to take this opportunity •• Legislator Mystal asked that I conduct just a brief overview of the Department of Health for the new members on the committee, and I would like to take this opportunity just to briefly share with you what it is that the Department of Health Services is engaged in on a daily basis.

**MS. MAHONEY:**

I'm sorry, can you pull the microphone closer, please?

**COMMISSIONER HARPER:**

Yes. So if we can go to the first slide. Hold on one second.

**CHAIRMAN MYSTAL:**

We are experiencing technical difficulties. Slide one.

**COMMISSIONER HARPER:**

Well, let me proceed and the slides will catch up as we go forth.

**CHAIRMAN MYSTAL:**

Yeah, they'll catch up.

**COMMISSIONER HARPER:**

Essentially, the mission of the Department of Health Services is to assure

the well-being of the community by preventing disease, promoting health behavior and preserving the health of our residents. I'd like to discuss briefly just an overview of the variety of services that we, in fact, provide.

Certainly we provide primary medical care, this is internal medicine as well as pediatrics and obstetrics and gynecology through our community health centers. We maintain a network of 11 community health centers of which eight are full-service health centers and there are three satellite health centers. We see roughly 60,000 patients per year for a total of about 300,000 visits at our community health centers. And this is a service where we're very proud of and, in fact, this year we're looking to increase or begin the planning certainly to increase the 11 community health centers to 12 community health centers by potentially putting together a plan to reopen the Bay Shore Health Center which was closed a number of years ago.

In addition to the health centers, we also have a prepaid health service plan called the Suffolk Health Plan in which we provide •• it's essentially a Medicaid/Managed Care Plan so that we provide Medicaid/ Managed Care and the services are delivered through our community health centers.

In addition, we have our Public Health Nursing Unit which, again, is part of the Patient Care Services Division which provides nursing to the homebound. And the primary source of referrals for Public Health Nursing comes from the community health centers, roughly 90% of the patients are referred through our health centers to Public Health Nursing. So nurses will follow-up on patients, for example, who may have diabetes or they need additional services to be followed at home.

In addition, we have the Mental Health & Substance Abuse Services. We have a Division of Mental Health Hygiene and that's a major series of contracts that we have with a variety of providers throughout Suffolk County to provide mental health services as well as methadone clinics come under the Division of Mental Health Hygiene. This is a very important service that we provide to the residents of Suffolk County.

I will share with you that the Suffolk County Department of Health Services is one of the largest health departments, it actually is the largest health

department outside of New York City in New York State. Many of the units that I'm referring to or many of these divisions would be entire departments in certain other counties, so we're very proud of the services that we do provide.

In addition, we have services to children with special needs. This is a major initiative by the New York State Department of Health in which we provide services, as indicated, to children who have a variety of needs whereby we will provide transportation for a variety of services. It's a very expensive program to the County, but it's, again, something that's mandated certainly by the State Health Department.

Additionally, we have a skilled nursing facility for long-term care, that's the John J. Foley Skilled Nursing Facility. That's a roughly 250 bed facility which also includes 12 beds for HIV-related diseases.

In addition, we have Emergency Medical Services, that's a division which provides the oversight for our EMS services throughout the County, as well as ongoing training for EMS workers.

The Medical Examiner's Office, that's another important division that comes under the jurisdiction of the Department of Health Services. And again, this would be its own department in many counties throughout the state.

Environmental Quality and Monitoring. This is a series of bureaus which come under environmental where we're essentially doing testing on water in a variety of areas including our waste water management which is involved with sewage and the proper disposal of sewage. This is a unit that we have been increasing the staffing in as many contractors or people who are building major facilities. Whether it's a business or a local residential home, they all require approval from the Department of Health Services through this division to obtain the proper permits for construction to continue.

Okay, if we can go to the next slide. This is just a brief summary of the 2006 adopted budget. Just to give you a sense of the budget itself, in 2006 the adopted budget was \$433.7 million, and you can see the year prior to that it was \$412 million. But this is broken down in terms of mandated



expenses and discretionary expenses, and you'll see that the mandated expenses for 2006 resulted in roughly \$182 million of services that we have to provide. We also included here the revenue that we generate and the net cost to the County, and you can see that on an annual basis it's roughly 100 and •• or slightly more than \$100 million on an annual basis, that's the net cost to the County.

If we go to the next slide, this just gives you a sense of the history in terms of our own revenue, and you can see that the revenue has been slowly increasing over the years. For 2005 and 2006 those are estimated numbers whereas 2004 that is the actual figure.

If you look at the staffing, you'll see that in 2005 we had 1,646 people were authorized and in 2006 that number has increased by 32. Next slide. If we look at specifically some of the divisions, one of the divisions that wasn't mentioned earlier is the Division of Public Health and this is the unit that provides what we consider to be core public health initiatives. So bioterrorism is a major initiative that comes under the Division of Public Health, communicable disease surveillance and control, these are routine communicable diseases that are •• it's mandated that physicians as well as laboratories report that information to the State Health Department, and this unit follows up to make sure that those patients are handled properly to avoid any diseases from continuing to be spread. This is where our food sanitarians also work, in our Public Health Protection Unit, so the inspectors that go out to all of the various restaurants comes under this division as well. And the immunization programs, which you all may be very familiar with, on a routine •• on an annual basis, we provide the immunizations for Influenza as well as Pneumococcal disease; again, all of that comes under the Division of Public Health.

Next slide. I previously spoke about the Division of Patient Care and I would just add that we also are responsible for the Jail Medical Units, we provide the patient care for the inmates.

Go to the next slide. Again, this refers back to the Division of Community Mental Hygiene. We operate three mental hygiene clinics and as I mentioned earlier, we provide over 150 contracts to various agencies to

provide services to people with mental illness. This slide, again, reviews our Division of Environmental Quality listing the various programs that come under Environmental Quality.

EMS, as I mentioned before, again, EMS provides the medical direction and administrative and training oversight for the Emergency Medical System.

And our Medical Examiner's Office also provides the toxicology crime and pathology laboratories and we work very much with the Police Department in terms of following•up on a variety of different tests that are routinely done as part of police work, actually.

Go to the next slide. This gives you a sense of the Division of Services for Children With Special Needs and the estimated costs per child. This is just to demonstrate that this is a fairly expensive •• fairly expensive program, but again, this is a mandated service.

Again, the John J. Foley Nursing Facility, 264 beds, as I mentioned before, and 12 of those beds are dedicated towards AIDS patients. And we also have a rehabilitation unit where we provide physical therapy, occupational therapy and speech pathology, and that particular unit is being expanded to correct for space shortages in the original building design.

The Suffolk Health Plan Membership; this, again, is the Medicaid/Managed Care Program of which we have roughly 18,000 patients enrolled.

And the Office of Minority Health which is a new initiative that was developed last year, this office will really look at the issue of health disparities to assure that the minority community in particular, which has a longstanding history of suffering to a greater extent from a variety of public health related diseases, that we will focus efforts and begin to continue to analyze and maintain data on the health status of the minority community. This is a very important issue, the issue of health disparities, from a Federal and a State level and we're going to be playing a major roll in addressing that issue here at the local Health Department, and there may be certainly a lot of grant funding that's going to be available to address this issue from



the Federal level. And that was the general overview of the department.

**CHAIRMAN MYSTAL:**

I want to thank you, Commissioner Harper. I hope for the sake of the other •• I'm making a list here. I have a couple of questions I would like for you to answer. In the adopted budget you say you have plus 32 and there are 205 vacancies and you have requested 122 SCIN forms for •• I don't know if I should explain what SCIN forms are. SCIN forms are basically when a department requests from the County Executive to sign off on new staffing. The Legislature has to sign on it, the Presiding Officer has to sign on it, then it's sent to the County Executive who also signs on it. You have •• the 122 SCIN forms that you have requested, is that in addition to the plus 32 or the plus 32 is already included in there?

**COMMISSIONER HARPER:**

No, that's ••

**CHAIRMAN MYSTAL:**

The 122 are already included in there.

**COMMISSIONER HARPER:**

No, the 122, that's what we currently have, that's what we currently have requested. So the plus 32 is separate and apart from what we've actually requested.

**CHAIRMAN MYSTAL:**

So you are requesting 122 new employees.

**COMMISSIONER HARPER:**

Employees, that's correct.

**CHAIRMAN MYSTAL:**

Okay. I'm going to take it back to a secondary question that I talked to you about yesterday, the question of the Public Health Nurses. I got information from BRO that in 2006 we put in \$250,000 for •• I think it was salary enhancement, that's what the money was put in for so we can upgrade the salary of the Public Health Nurses. However, I'm trying to find out what

mechanism can we use or are we using any mechanism to get that money to the Public Health Nurses in this County? That's part one of the question.

Part two of the question is that do we have, in fact, enough Public Health Nurses, do we need more? I know there was some time last year there was at least some talk in terms of getting rid of the Public Health Nurses altogether and farming it out to a private agency; is that true, or am I wrong? You can answer it in whatever order you want.

**COMMISSIONER HARPER:**

Okay. All right, let me address the last question first. I think the issue of privatization, that may have actually occurred a number of years actually prior to my arrival. We did take a quick look at an analysis of Public Health Nursing and apparently in 2002 there were a total of 38 Public Health Nurses. Between 2002 and 2004, these were budgeted positions, that was decreased to 26, and the sense was that there was •• there was a sense by the previous administration that we perhaps needed to phase Public Health Nursing out.

When I arrived the question became, "Well, what are we going to do with Public Health Nursing, and my sense was that we needed to really take a close look and review that before we continued on that downward trend. I would certainly share with you that for 2004 there were 26 Public Health Nurses that were budgeted, in 2005 that was the same, and then in 2006 there was a change of about three Public Health Nurses which were actually vacancies that were shifted to another unit within the Department of Health.

There is no current plan to privatize Public Health Nursing. What we're looking at is really providing sort of an evaluation of where we're going with Public Health Nursing. Apparently on an annual basis we lose a considerable amount of money on Public Health Nursing and it's my understanding that the State has raised some concerns regarding the administrative overhead. So we may have to develop a model in which we continue to provide a service. Let me preface everything with saying that we're going to continue to provide the service, but it's going to be a matter of how we provide the service and if we can do it in a more efficient manner.

I know part of the question was the issue that was raised regarding the funding that's available for the nurses. And in essence, one of the problems that we have not only with Public Health Nursing but with nursing in general is that it's difficult oftentimes for us to recruit nurses because our starting salary is fairly low, it's not really competitive with a private setting. So accordingly, we've submitted a career ladder recommendation as well as some proposed changes for how we could put together a program so that we would be more attractive to the nursing population outside of the County so that we can attract more nurses, and that's currently under review by the County Executive. It would ultimately have to then be reviewed by the Salary & Appeals Board and the Labor Relations Unit before we can move forth, but there's a general understanding by this administration that there is a need to do something to improve our ability to attract nurses to the department.

**CHAIRMAN MYSTAL:**

So you are telling me in the past few years we have lost 15 nurses from that department.

**COMMISSIONER HARPER:**

That's correct.

***(\* Legislator Fisher entered the meeting at 12:22 P.M. \*)***

**CHAIRMAN MYSTAL:**

And for the people who don't know, the Public Health Nurses provide services for people who are shut•ins, who cannot go to a hospital or a health clinic. And especially on the east end, it's very critical, there's a very critical need. So you're saying you submitted a plan to the County Executive ••

**COMMISSIONER HARPER:**

Uh•huh.

**CHAIRMAN MYSTAL:**

•• for its review and you have •• I don't know, when was that?

**COMMISSIONER HARPER:**

That was back in October of 2005.

**CHAIRMAN MYSTAL:**

So it's been roughly about three months, three to four months.

**COMMISSIONER HARPER:**

Right, that's correct.

**CHAIRMAN MYSTAL:**

And you are awaiting an answer.

**COMMISSIONER HARPER:**

Yes. Well, at this point it goes •• as I mentioned, it's reviewed by the County Executive's Office and then it goes from the County Executive's Office to this Salary & Appeals Board to make the appropriate changes.

**P.O. LINDSAY:**

Mr. Chair?

**CHAIRMAN MYSTAL:**

I'll put you down. Do you have any idea what that money can be used for? I know the money was put in, the \$250,000 was put in for salary enhancement. Any progress as to what we're going to do with that money?

**COMMISSIONER HARPER:**

Well, I would assume that depending on the recommendation by the County Executive's Office, if there's a need to increase the salaries, that that money could potentially be used, via a resolution, to enhance the salaries of the nurses; that's my understanding of how those funds could be essentially used.

**CHAIRMAN MYSTAL:**

Thank you. Mr. Romaine.

**LEG. ROMAINE:**

Yes. Commissioner, I have several questions, but some of them require

some information and if you could be so kind as to get that information to me over the next couple of days or weeks, whatever it takes.

**COMMISSIONER HARPER:**

Okay.

**LEG. ROMAINE:**

I'd like to know the number of vacancies that existed in the Health Department, in what units did they exist, how long were they vacant? After that, I'd like to know if any of these positions that were vacant were either partially or State or Federally funded, partially or fully, and whether we were penalized and having to give back that money, or whether we, in fact, took the money for vacant positions, which would obviously be a legal problem for us if we did. I am specifically interested in the health clinics and the Suffolk County Infirmary.

Above and beyond that, I'd like to know all resolutions adopted, legally adopted resolutions, even if they were adopted over a veto override, that your department is not •• is now not currently implementing and ignoring. If there are any of those out there that this Legislature has legally adopted that is not being implemented by your department, I would like to know that.

I also would like to have a copy of the plan that you filed with the County Executive in October. I'd like to have your views •• I obviously won't ask for them today but if you could get them to me in writing or if at the next committee meeting if you could prepare your views to present them •• on the new Department of Environment that is being proposed that obviously would tear away from your department the Environmental Quality and Monitoring.

I'd like to have some understanding of the backlog that has existed in processing permits of an environmental nature that was needed for construction of all types, what the length and duration of that backlogs were, how long it took; for example, if I wanted to do an addition to my house and I needed a permit from your department, how long it would take it to travel through the process.

Now, I've asked for a lot of information and a lot of that information is for the purpose of my taking a look at seeing what Legislative remedies exist for problems that I have been made aware of, which I won't discuss now because this is an introductory meeting. But obviously I do have an interest in pursuing that because there seems to be some serious problems, at least from my perspective, in the proper staffing of health care. For example, we all know that the State mandates certain regulations or requirements, the operating of a skilled nursing facility, and yet I am told that at different times throughout the year there were as many as 40 vacancies in a facility that has to operate 24 hours a day, seven days a week, putting this County in serious jeopardy of failing to meet State requirements. These type of chronic, underfunded, legally impounding of budget funds and absolutely long-term vacancies that are not filled seem to distort the budget process. I am very interested because yours and the Social Services Department are the two largest departments that have the greatest impact in this County. I am very interested in getting that information, so if you could do that.

If you'd like to call me in my office, I can give you •• I won't ask to add to that list, although I have many, many other questions, but I will start with that list and I will be happy to go over it with you if you would like to discuss it further at another time. Thank you,  
Mr. Chairman.

**CHAIRMAN MYSTAL:**

Thank you, Legislator Romaine. Legislator Lindsay.

**LEG. VILORIA•FISHER:**

Can you put me on the list?

**P.O. LINDSAY:**

Really a follow-up on two points, first about the visiting nurses or the ••

**COMMISSIONER HARPER:**

Public Health Nurses.

**P.O. LINDSAY:**



I understand the comment about the cost of that program. Unfortunately, preventive medicine, and a lot of times that's what they practice, is very hard to quantify; I think you would certainly agree with that. And I think there's a number of us on this committee that think that these folks do really good work and that the program should be kept intact and we're glad to hear that you agree with that. And we were so troubled about that during the budget negotiations that we did put extra money in that budget line, not being able to figure out how it could be used to increase the salaries there so we could attract more qualified people and we could attract nurses, period, because we understand what a difficult recruitment effort it is in that field today. But I would certainly be interested, if you would work on that and see if we could figure out how to use that money to attract and retain the people that we have.

**COMMISSIONER HARPER:**

Absolutely. If I might respond, I think that ties directly into what was mentioned by Legislator Romaine regarding the Skilled Nursing Facility. When we're talking about that large number of vacancies, that tends to be in the area of the registered nurses to a large extent.

**LEG. ROMAINE:**

How many are in custodians? How many custodians in ••

**CHAIRMAN MYSTAL:**

Legislator Romaine?

**LEG. ROMAINE:**

I'm sorry.

**COMMISSIONER HARPER:**

We can certainly •• we'll provide you with all of the information, but many of those are nurses and that's why we're recommending that we have to do something to be able to attract more nurses to the County as a whole.

**P.O. LINDSAY:**

The other thing is, following•up on Legislator Romaine's comments, I would appreciate •• you asked for a very long laundry list of things, if you could

put that in writing to the Commissioner, it would help to overlook any of your requests.

**LEG. ROMAINE:**

I will be ••

**P.O. LINDSAY:**

And further, when you reply to that request ••

**COMMISSIONER HARPER:**

We could reply to it in writing, uh•huh.

**P.O. LINDSAY:**

•• if you could get a copy of that reply to the entire committee, because I think it's something that we're all concerned about.

**LEG. ROMAINE:**

I'd be happy to do that and I'd certainly be happy to put a list of questions together which I've just formulated off the top of my head but are a grave concern to me and I've thought about them for quite some time and there's a whole list of others, but we'll start there with that short list. And I will copy every member of the committee and the Legislature, because it is a matter of critical care in this County that those issues be addressed, that the truth come out and that we begin to finally take a look at what the legal impounding of budget funds has done to the Health Department, to its effectiveness and the effectiveness of the employees that serve that department.

**CHAIRMAN MYSTAL:**

Mr. Romaine.

**LEG. ROMAINE:**

Thank you.

**CHAIRMAN MYSTAL:**

Legislator Romaine, just back off a little bit on the political diatribe.  
Legislator Stern.

**LEG. STERN:**

Thank you, Mr. Chairman. Welcome, Commissioner. Regarding the Foley facility, a couple of questions. One, do you have any idea what the current waiting list is for residences of the Foley facility? And you mentioned that there are 12 beds set aside for AIDS patients, I was wondering if there was a waiting list for those beds as well.

**COMMISSIONER HARPER:**

Currently there is no waiting list. In fact, I monitor that on a daily basis and as of yesterday, I haven't looked at it yet today, as of yesterday there were approximately 12 vacancies within the facility, and those included •• there were vacancies in HIV as well. So if anyone needs a bed, certainly we're willing to accommodate them.

**LEG. STERN:**

Good. I was also wondering whether you or anybody in your department was following some of the pretty dramatic and draconian cuts in the Medicaid Program at the Federal level as part of the new Budget Reconciliation Act and had given any consideration to what effect those cuts might have on your programs.

**COMMISSIONER HARPER:**

Well, we've started to •• we haven't looked at that in any major detail, but certainly we do have our finance unit that is constantly looking at that to some extent, but we haven't put together anything formal yet as to what our position is or what needs to be done from the local Health Department perspective.

**LEG. STERN:**

Okay. And perhaps once the Federal government finally sends us some additional information on that, we can take a look at that and speak about that further.

**COMMISSIONER HARPER:**

Absolutely, certainly.

**LEG. STERN:**

Thank you.

**CHAIRMAN MYSTAL:**

Legislator Kennedy?

**LEG. KENNEDY:**

Thank you, Mr. Chair. And it's nice to see you again, Dr. Harper. It's always a pleasure.

**COMMISSIONER HARPER:**

Thank you.

**LEG. KENNEDY:**

I have a series of I guess areas, too, that I would like to just ask for your input on going forward; and I will try to reduce these to writing as well and share with my colleagues.

**COMMISSIONER HARPER:**

Thank you.

**LEG. KENNEDY:**

The first area I guess that I would ask you to go ahead and embellish a little bit upon is the Minority Health Care Division. I read with great interest when I heard the County Executive announce by way of press release, I guess it was perhaps maybe about a month ago, a month and a half ago, I was curious as to how that came about, how that actually is going to be funded. My recollection with the press release is that you've identified a physician and a practitioner, an NP and some support staff; how many folks make up this unit?

**COMMISSIONER HARPER:**

Right now the unit is made up of three individuals. As you mentioned, one person is the Director who is a physician, the other assistant is a Nurse Practitioner but she also has a Doctorate in Education, and the third person

is clerical support, a Clerk. And the plan is that we have to essentially replicate projects that have been found to be effective nationwide.

Earlier this week, I was at a conference in Washington D.C. that was actually funded by the US Department of Health & Human Services. There's a Federal Office of Minority Health and they brought in all of the major players from around the country to discuss some of the demonstration projects, and we heard a number of very good ideas and concepts that I would like to replicate here in Suffolk County. Many of it will involve just sort of reorganizing outreach staff that currently exists, neighborhood aides, health educators to some extent, and focusing their efforts in a targeted way to address six major diseases that are the causes of •• the primary cause of the disparities, and that's going to be diabetes, cardiovascular disease, infant mortality, immunizations, HIV and AIDS and cancer, a variety of cancers, whether it be prostate as well as breast cancer and cervical cancer would be included in those groups.

So it's going to be really an educational effort that we're going to put forth, as well as we're going to look at our own community health centers and make sure that we're providing services in accordance with the Federal standards regarding cultural and linguistic competency. What I would like to do is •• and this is actually a joint commission of accreditation for hospitals, that's something that they're also looking at for all of the hospital facilities. So we're potentially going to be able to assist the hospitals with meeting their joint commission requirements, again, via this particular unit. We'll work closely with the hospitals to make sure that they're providing the services in an appropriate manner as well.

So in essence, what we're going to do is greater health education, modify our services to make sure that it's being provided in an appropriate manner, as well as there's going to be a research component and a grant writing component to this. This is a very important issue, as I mentioned, from the Federal level and funding is being made not only at the Federal level, at the State level as well to address this issue. So we think if we start with this core staff of people, we'll be able to track more grants to the area to address these disparities.

**LEG. KENNEDY:**

I appreciate that, and I think those goals are certainly admirable. Certainly the disease areas that you outlined are all important areas to go ahead and focus on, not only for our County's minority population, but certainly there's a higher prevalence certainly in our aging population and some of the other, you know, unique discreet subsets that we find. Will these folks actually be engaged in doing any direct treatment, will they be involved in some of the clinics, or how will they be deployed in addition to what you've described?

**COMMISSIONER HARPER:**

Okay. Certainly, they will be working •• as a matter of fact, they requested to work in the community health centers. The person that's the Director is a pediatrician who has also completed her requirements for her Masters of Public Health at Columbia, but she does want to maintain her clinical skills. They would also be involved with, as I mentioned a little earlier, the immunization programs that we do for the general population.

So we're improving the department infrastructure in addition to addressing this area. And this is a very important concept when we look at disaster preparedness and things of that nature, it's important to have qualified people on board that you can use in the case of a disaster; even though they may be in one specific unit, their efforts can be channeled to address a variety of issues.

**LEG. KENNEDY:**

Again, that sounds admirable and I commend you for going ahead and seeking that and putting it forward. As to •• just tell me a little bit about the nuts and bolts, then. Are these folks people that we included in the '06 Operating Budget?

**COMMISSIONER HARPER:**

Oh, yes.

**LEG. KENNEDY:**

So they were recommended and this is fulfilling something that we adopted in the budget.



**COMMISSIONER HARPER:**

Absolutely; yes, that's correct.

**LEG. KENNEDY:**

Okay, good. I appreciate that.

Moving down the list, you briefly gave us some information associated with projected revenues and you shared with us the actuals and then the projections; '04 was an actual, '05 was a projected. In '05, the projected, looks like it is down slightly by four or five million, I was just curious as to whether or not you've got any kind of sense as to what's going on there?

**COMMISSIONER HARPER:**

If I can ask my finance staff to come up.

**LEG. KENNEDY:**

Love to hear from them. Is Mr. Bernard here or our Director from Health, Ms. Moore?

**COMMISSIONER HARPER:**

Yes, Ms. Moore.

**MS. MOORE:**

Okay. Excuse me, I didn't know this was going to be a question day, I would have done a lot more looking into it. Some of it can be because we've implemented a lot of new computer programs and with any new computer program, we are having some glitches which is delaying some of our payments in.

In other cases, you know, we're not sure. The State has been a little slow in giving us some of our monies, we are following up with the State because the payments are coming in slower than they have in the past and we are following up with them. Other than that, I wasn't aware that our •• these are just estimates. I would •• I think these estimates were done probably several months ago. I would like to redo the estimates and come back to you and see what they are now, I think that would be •• I don't think these

•• this was done fairly short notice, we didn't have a lot of notice on doing this presentation.

**LEG. KENNEDY:**

So you may not necessarily be comfortable with characterization of a \$5 million decrease for '05.

**MS. MOORE:**

I would like to go back and look at them, if you'd like.

**LEG. KENNEDY:**

I'd love to, yes.

**MS. MOORE:**

I would like to go back and look at them and go back and ••

**LEG. KENNEDY:**

As a matter of fact, if you could come back and give us more of the specifics. Certainly we hope always that by moving to computerization and upgraded programs, that if anything what we're doing is we're increasing our reimbursement flow, narrowing the timeframe between rendering of service and receipt of, you know, compensation, and if we're not seeing that, then that's certainly something I think all of us on this committee would want to go ahead and know why and look at solutions.

**MS. MOORE:**

I think it's a matter of the new systems and we're working the bugs out and that is taking •• you know, new systems take time. But do we expect the revenue in? Yes. In many case, our Medicaid revenue we have two years to claim after the fact. We've had a lot of rejections because of the system but we're on top of it, we're reviewing the system regularly and we're making progress, we're getting better revenues in. So I would like to go back and review all those figures.

**LEG. KENNEDY:**

Which is good, and let me go into a little bit more of the budget stuff.

I have a few more questions for you, Doctor, but certainly these are some things that Ms. Moore may be able to go ahead and speak to. In particular, you're aware, both I guess, of the Medicaid Part D conversion which took effect on January 1st. Now, I would imagine that that has a significant impact for that population of patients that we service through our various health clinic networks who are Medicaid recipients, because as I understand it, Medicare Part D is now going to go ahead and subsume where the Medicaid prescription payment was. How does that factor in to our cost to deliver service and/or our reimbursement we might receive through the Health Department; is there any impact there?

**MS. MOORE:**

I haven't really reviewed it, but I gladly will. I don't want to make a statement that I'm not sure about yet, I'd like to go back and look at it again.

**LEG. KENNEDY:**

Well, again, my recollection is in general terms we do deliver •• taking all eleven health clinics ••

**MS. MOORE:**

Uh•huh.

**LEG. KENNEDY:**

•• into account, we may have a patient population that goes to 50,000, 60,000.

**CHAIRMAN MYSTAL:**

Sixty.

**COMMISSIONER DORMER:**

Sixty thousand.

**LEG. KENNEDY:**

Sixty thousand.

**COMMISSIONER HARPER:**

Uh•huh, that's correct.

**LEG. KENNEDY:**

Okay. I would imagine that we're engaged in prescription writing, possible prescription dispensing, possible, you know, claim back and forth through the Medicare area; I would hope that we would have some idea of how this impacts us.

**COMMISSIONER HARPER:**

No, we don't •• certainly we do write the prescriptions, but we're not involved with any dispensing of medications in the community health centers.

**LEG. KENNEDY:**

No emergency dispensing, if we see somebody on an emergency basis, on a weekend basis?

**COMMISSIONER HARPER:**

Well, no, there are certain •• yeah, certain medications that pertain to public health diseases, communicable diseases, we would be responsible for. But for the routine, chronic care, diabetes ••

**LEG. KENNEDY:**

Right.

**COMMISSIONER HARPER:**

•• hypertension, things of that nature; no, we don't write any medications for those. There is a program that's available through the Department of Social Services.

**LEG. KENNEDY:**

I was going to ask you about that one.

**COMMISSIONER HARPER:**

Yeah, they have the ability to do that, but that's ••

**LEG. KENNEDY:**

We had hoped that would go to you, unfortunately it didn't work out that way. However, I would just ask you if •• and I'll put this in my list, I want to know if that's a tool that the clinics are utilizing on occasion when they may be seeing somebody who is without any kind of coverage or reimbursement, whatsoever.

I don't think I have anything else on here that goes specifically as far as the finance side goes for Ms. Moore.

Doctor, if I would just turn and go to a couple of other things. I'd echo some of the same concerns, I guess, that my colleagues had with the John J. Foley nursing home, in particular as far as meeting State regulations for the nursing staff. I also wonder with the nursing with our attentions and our focus on Public Health Nursing, have you contemplated or have we looked at the possibility of trying to assist staff that we have, support staff in some of our functions, possibly PN's or even CCA's to go ahead and move along the educational track to get their RN's, and whether or not we may be doing something to assist them as far as tuition goes, flexibility with schedules, things such as that. You know, it always helps to go ahead and have homegrown folks.

**COMMISSIONER HARPER:**

No, I concur. And certainly as far as schedule of flexibility, we encourage that amongst the division directors, if anyone is interested in improving their education. Again, we think that the focus that we have and our recommendations in terms of making the nursing staff or making our package attractive to nurses, this actually came as a result of discussions with nurses, what they felt would be most effective, and we believe that increasing •• certainly increasing the salaries, making educational opportunities available to them, this is the continuing education opportunities. Those would be probably the biggest things that we can do to encourage more nurses to work for the County.

**LEG. KENNEDY:**

Just two other brief areas, and the Chair's been very courteous with yielding the time. Mental health. Mental health, as you know, is an area that's near and dear to me, I spent ten years with the Office of Mental Health. I

continue to go ahead and be concerned. As far as the resources that are available for our partners in the community, not•for•profit. I see Mr. Stoltz is here in the audience, he represents several direct service providers. I know that they currently go ahead and strive in order to be able to provide services. I am aware that still at this point there are long waiting lists in order to go ahead and get involved in good community programs.

There is also the additional phenomena that we have where it seems that our resources for drug and alcohol abuse, clients are very, very constrained and the population seems to be exploding. There's just many, many, many people at this point who are seeking access to those areas. I'm hoping that you at a County level are doing something to try and trend it and project what the impact is at this point and what we're going to do to go ahead and meet that level of need that's out there, rather than playing catch•up ball.

Also with Mental Hygiene, I'm very concerned as far as that segment that's being designed for our incarcerated population. The numbers, we've all heard them, seen them, go as high as 25% of our prison population with some component of mental health or \\_MICA\\_ impact.

Are you convinced that the mental health services being designed to be provided for our new jail are going to meet the needs that are there with our prison population; are you familiar with it?

**COMMISSIONER HARPER:**

Yeah, I'm somewhat familiar with it, certainly, and I work closely with Tom MacGilvray who is in charge of that Department of Mental Hygiene. In fact, we are working more closely than ever with the Police Department, with Probation, as well as the correctional center to make sure that we address the mental health needs. This is a very important County wide project that we can ••

**LEG. KENNEDY:**

Yes. And I'm aware of the specific training that, as a matter of fact, the Police Department has been provided, some of the precincts, I've seen in I believe it was Commissioner Dormer's assessment. I'm hoping that you've •  
• I'm assuming it's coming through the Health Department, I'm hoping you have the opportunity to go ahead and provide it to the balance of the



precincts, because obviously you're going to encounter, you know, a certain element of folks with mental health components.

**COMMISSIONER HARPER:**

Yes, that's correct, I agree. And certainly we are working closely with Commissioner Dormer.

**LEG. KENNEDY:**

Okay. Last piece, I would just ask you •• well, two last pieces. Again, we talked a lot last year about mammography and the radiological component, and in particular the Riverhead center and the ability to go ahead and site a unit out there; is that something that's still on your radar screen?

**COMMISSIONER HARPER:**

Absolutely. I did research this and if you recall at the previous Legislative meeting, Legislator Foley indicated that he requested of the department that we •• in fact, when we put together our plans for the new facility, that we included additional space in case we needed to grow. So I went back and I questioned those who were involved and they said, in fact, we did request more space, but it was actually limited by •• I guess it would be the Space Committee, but it wasn't our doing, we wanted as much space as possible. In fact, we're in the process of looking to find the exact amount of square footage that would be needed for a mammography unit such that we can make a strong recommendation and say, "This is how much space we need," and potentially areas within the Riverhead Health Center where we could provide that space.

**LEG. KENNEDY:**

And this is specifically for the County Center? Because as we speak, that renovation project is moving forward.

**COMMISSIONER HARPER:**

That's correct.

**LEG. KENNEDY:**

We heard earlier in the week from the Commissioner of Public works about construction starting imminently. So I'd encourage you to keep that

dialogue up, please, because that's something that's important to make sure it goes in there.

The last item is the Commercial Underground Tank Replacement Program. Mr. Romaine alluded to earlier the adequacy of staffing for permitting functions in general. I know for a fact last year that we were experiencing a nine to 12 month lag period, specifically for commercial underground fuel tank replacement due to the inadequacy of staffing.

I know that Mr. Minei talked about redeploying some staff. I need to know if, in fact, that backlog has been eliminated, if the staff is adequate at this point, or if we as a body need to go ahead and look at additional resources to bring that up to snuff. We're talking about tanks that are sometimes 10,000, 20,000 gallons and it's just •• that delay is not an acceptable delay.

**COMMISSIONER HARPER:**

I would like to go back and research that so I can give you specific details on those tanks, but I know we're certainly aware of that.

The environmental unit is certainly supported in terms of our own hiring plan, we do plan on hiring additional staffing for that unit because of the concerns that we have with these delays.

**LEG. KENNEDY:**

We're all, you know, very pleased when we hear that you're talking about bringing on resources, but then we all go to what the Chair pointed out, that there's 122 SCIN forms that sit that have not been signed at this point. So while we're, you know, encouraged by the words that we hear you share with us, we're also cognizant of the fact that we have an intermediary there that seems, for whatever reason, to not be able to go ahead and effect what it is that you share with us. I'll leave it at that. Thanks.

**CHAIRMAN MYSTAL:**

Thank you, Legislator Kennedy. I'm trying to put a word in here.

I don't think we need to, and I'm hoping that in future meetings we don't do that, engage in County Executive bashing for what he is doing or he's not doing. We're trying to conduct the meeting as best we can with the Commissioner. He had made the request for 122 more employees, the County Executive has not signed them yet, I don't even know if the

Presiding Officer has signed them as of last year, so we're still waiting.

**LEG. KENNEDY:**

Okay.

**CHAIRMAN MYSTAL:**

So a little bit, you know, of understanding. One last question who want to ask you a question is Legislator Vilorina•Fisher.

**LEG. VILORIA•FISHER:**

Good afternoon.

**COMMISSIONER HARPER:**

Good afternoon.

**LEG. VILORIA•FISHER:**

It's good to you see you again, Doctor.

**COMMISSIONER HARPER:**

Thank you.

**LEG. VILORIA•FISHER:**

And I thank the Chair for giving me the opportunity to ask a couple of questions. I am not a member of this committee but I am, as you know, very much interested in all of the issues here.

The first and foremost which you know historically I've been interested in is the Public Health Nurse Program. I did walk with one of the Public Health Nurses on her duties one day and I was smitten. I saw the true importance and genuine cost benefits that that program provides for the people of Suffolk County. That being said, during the deliberations, the Operating Budget deliberations, it was our policy statement here as a Legislature that we have the full battery of Public Health Nurses that we need within •• is it called a unit or division, I forget?

**COMMISSIONER HARPER:**

It's actually the Bureau of Public Health Nurses.

**LEG. VILORIA • FISHER:**

We'll call it a unit.

**COMMISSIONER HARPER:**

No, unit is fine.

**LEG. VILORIA • FISHER:**

If it's okay. That notwithstanding, I know that one of the Public Health Nurses did go to the Bioterrorism Unit and another went to the Suffolk Health Plan unit or someplace else. And I'm wondering at this point whether that particular unit is viable with the number of nurses, Public Health Nurses that are •• that have positions there.

And I did •• before you answer, I did want to just mention something with regards to Legislator Kennedy's questions. In case other members •• in case the members of the committee didn't know this, a Public Health Nurse not only has an RN but must also have a Bachelor's of Science Degree, so it's a higher level of education that's required for this particular position. And so when we have Public Health Nurses, they're very treasured positions and this is why I have such a reticence to see them used in areas other than the Public Health Nurse unit or the Public Health Nursing Program because of the I feel extremely invaluable service that they provide. So if you could just let me know what the status is regarding that unit and it's viability as a unit.

**COMMISSIONER HARPER:**

Well, we think that basically •• let me take a step back regarding Public Health Nursing, because I really believe that there's a need for us to evaluate actually the management of that unit to make sure that it's operating most efficiently. And to give you an example, we have put in a new billing and management tool, so that now we can get a sense of the time that's being used and how the time is being used by the staffing in that unit. And the sense is that a lot of the time may be somewhat administrative and there may be ways that we can use the staff a little bit more efficiently to show that they are certainly in the field and doing what's

necessary to be done.

I did meet directly with the Director of that unit because there were ongoing concerns regarding whether or not they were adequately staffed, and in that meeting it became clear even to the Director that there were ways that she could potentially use the staff that she currently has by using the Public Health Nurse II's in a different capacity, such that they would be able to actually see patients to a greater extent. And I think by using some of those techniques and decreasing the amount of administration that goes on, that we may be able to, in fact, improve the care that we're currently providing.

So I've asked the staff to really take a good look at Public Health Nursing and let's do an overview of what's going on there, how many patients are being seen, if there is, in fact, anyone falling through the cracks. Because remember, our Public Health Nursing unit is part of an entire Countywide Public Health Nursing force, so there are certainly private agencies that are also required to see poorer patients. The sense from the staff is that perhaps these agencies are not seeing patients and they're funneling the patients that they don't want to our Public Health Unit and that, in fact, may be something that needs to be addressed as well.

**LEG. VILORIA•FISHER:**

How is that differentiated, how would a patient be a private public health •• I'm confused about that, I'm sorry.

**COMMISSIONER HARPER:**

Okay. Yeah, we essentially accept referrals, our Public Health Unit accepts referrals from anyone, actually, whether it be our own department health centers or from any other agency if, in fact, they're filled to some capacity.

**LEG. VILORIA•FISHER:**

For example, if an elderly patient has left the hospital and the hospital is under the •• believes that that person will require some home visits ••

**COMMISSIONER HARPER:**

Require home visits. Yes, they can contact our unit and we'll go out and follow•up on those patients.

**LEG. VILORIA • FISHER:**

Or they can opt to have a private program?

**COMMISSIONER HARPER:**

Many of the hospitals do have their own private facilities that will actually see those patients, they have their own private nursing agencies that will go out and see those patients. But if they're overwhelmed for whatever reason and they can't see a patient, then they will contact other agencies to follow •up on that patient, if at all possible. So there exists a possibility that a unit may screen the patients that ultimately get referred to our own Public Health agency for follow •• up.

**LEG. VILORIA • FISHER:**

And you're saying at this point there's no such screening that's going on.

**COMMISSIONER HARPER:**

Within our own unit? No, at this point we're accepting any patient that arrives. And to some extent, if you have, for example, a private patient who has the capacity to use a private agency, maybe our efforts should be focused on those who really don't have that capacity, and that's the sort of evaluation that we need to take a closer look at.

**LEG. VILORIA • FISHER:**

Okay, I'll be watching for that, that's very interesting. Quick question, with regards to the program you described and which I think sounds very promising, the minority health care division. I had, I think as did you, attend a celebration of the Health Literacy Program, if you recall, and the success at the Martin Luther King Center of that program. Are you going to employ any parts of that program or some of its usefulness in this Minority Health Program?

**COMMISSIONER HARPER:**

Right, that's a perfect example of a model that has been found to be effective that we could certainly go through the Office of Minority Health to assist that program with being part of our services that we provide throughout the County. But again, that would probably require us to obtain

additional outside sources of funding, perhaps a grant or something of that nature, to use those services. But that's exactly the type of program that we would like to use the staff to follow up on.

**LEG. VILORIA • FISHER:**

We did put some funding in for the literacy volunteers who I think were working with you with this, I thought that some of that funding would go to that, I'm not certain.

**COMMISSIONER HARPER:**

Yeah, I believe •• I would have to double check. If the money is there, certainly we'll use them, that's without a doubt. But I'm not sure if we have that money, if that's readily available, but we can certainly follow•up on that.

**LEG. VILORIA • FISHER:**

We'll check on that. Just another very quick •• two more very quick questions. Will there be room for a dental chair at the Riverhead Health Center?

**COMMISSIONER HARPER:**

Riverhead, Riverhead.

**LEG. VILORIA • FISHER:**

You and I had spoken about how dental health is integral to the health.

**COMMISSIONER HARPER:**

Well, the difficulty with ••

**MR. MARCHESE:**

We're going to keep it in a trailer.

**COMMISSIONER HARPER:**

It's going to •• okay. We currently do have a dental chair in the trailer, but the only problem is that it's really a grant•funded chair and it's targeted toward HIV patients and children, I believe, those are the ones, so we don't really have an adult dental facility.



**LEG. VILORIA • FISHER:**

But at least we have someone for children and HIV.

**COMMISSIONER HARPER:**

And HIV, that's correct.

**LEG. VILORIA • FISHER:**

Okay. The last •• and again, this is a short question •• regarding the contract with the software company that was going to facilitate the dosing of the Methadone Program, I understand that that contract has still not been fully effected; do you know the status of that program?

**COMMISSIONER HARPER:**

Honestly, I don't know the status, I don't know if you recall.

**MS. MOORE:**

We would have to check on it.

**COMMISSIONER HARPER:**

Okay.

**LEG. VILORIA • FISHER:**

Okay. Because this was a company that had won the RFP, in 2003 there was some delay on the part of the department at that time, it was revisited again in 2004, again in 2005, and I recently learned that that program was still •• has still not been effectuated.

**COMMISSIONER HARPER:**

Let me follow•up on that. I believe we've done everything that we need to do in the department, but it may need some follow•up.

**MS. MOORE:**

Yeah, just let me follow•up.

**LEG. VILORIA • FISHER:**

Okay, thank you very much. Thank you, Mr. Chair.

**CHAIRMAN MYSTAL:**

Thank you, Commissioner Harper. We need to move this along. I want to thank you very much for answering all our questions. Hopefully we won't be so long the next time.

It is now five minutes after one, there's a committee at 1:30, I'm trying to •  
• and we still have to go to Social Services. So I'm trying to see if we can move this along and we have an agenda to go to and I still have a speaker. So Commissioner Harper, Ms. Moore, thank you very much for your kind attention and your kind words and for putting up with us.

**COMMISSIONER HARPER:**

My pleasure.

**CHAIRMAN MYSTAL:**

And I will see you next time.

**COMMISSIONER HARPER:**

Okay, thank you.

**CHAIRMAN MYSTAL:**

I know Commissioner DeMarzo is on vacation. Did she send a representative today to this meeting? Ed Hernandez. Good afternoon. Have the hot seat.

**DEPUTY COMMISSIONER HERNANDEZ:**

Good afternoon. For those of you who don't know me, my name is Ed Hernandez, I'm the Deputy Commissioner of Social Services and I'll just make a few remarks for you. First of all, congratulations on your appointment, Legislator Mystal, as Chair of the committee.

**CHAIRMAN MYSTAL:**

It's condolences, not congratulations.

**DEPUTY COMMISSIONER HERNANDEZ:**

I welcome you and Legislator Kennedy back, and I would also like to welcome Legislators Eddington, Romaine and Stern to the committee. I do send the regrets from the Commissioner, she really obsessed over missing this meeting and if there was anything she could do to change her schedule, she would have been here today. And I know she's reached out to each and every one of you to discuss the department and the services that we offer.

Also, obviously in the interest of time and she would like to do it herself, we are preparing a presentation that we will give you at the next committee meeting, so that will give you time to look at it and ask a few questions. But if you have any questions, pressing questions, I'm here to answer them. I have some of the staff with me today.

**CHAIRMAN MYSTAL:**

I have only one question. There's one resolution on the table, although the sponsor of the resolution sent me an e-mail and called my office to ask me to table the resolution for him, apparently he's working on amending that resolution; it was Resolution 1055••

**DEPUTY COMMISSIONER HERNANDEZ:**

Yes.

**CHAIRMAN MYSTAL:**

•• which is to supplement the existing HEAP Program to benefit a wider range of Suffolk residents. Legislator Alden has asked me to table it because he's still doing some work and some changes to that resolution. So I wonder if you have any comment or would you want to wait until Commissioner DeMarzo comes around to give us her feelings about it.

**DEPUTY COMMISSIONER HERNANDEZ:**

The resolution basically is in tact, there's a few little tidbits that are being fine tuned, so. Right now there isn't a pressing need, there's plenty of money to go around for anybody who's in need of heating assistance. So, you know, it will be best discussed at the next meeting.

**CHAIRMAN MYSTAL:**

I understand. Okay, I'm going to leave it at that, I don't want to make the

meeting any lengthier than it already is. And since it's being tabled, we have plenty of time to talk about it again. Anybody? Legislator Eddington?

**LEG. EDDINGTON:**

Thank you. Yeah, I know there's going to be a presentation at the next meeting, so what I would like to make sure is included is about Child Protective Services. Specifically I'd like to know about the staffing and the caseloads, I'd like to know the training, the service delivery system, the response time, the follow-up procedures, and then the services that are offered following an intervention. So if you could incorporate that into the presentation, I'd appreciate that.

**DEPUTY COMMISSIONER HERNANDEZ:**

Sure. Our Director of Family & Children Services is here and we'll take that under advisement.

**LEG. EDDINGTON:**

Great. Thank you very much.

**CHAIRMAN MYSTAL:**

Legislator Romaine?

**LEG. ROMAINE:**

Yes. Hi, Ed. How are you? Good to see you again. Some very basic questions. I'd like to know how many vacancies existed in 2005 in the Department of Social Services. I'd like to know what units they existed in, I'd like to know the duration of those vacancies. I'd like to know if this department received, if any of those positions that were vacant were either partially or fully Federally or State funded and did we accept the money when the positions were vacant or did we return it?

I'd like to know what the average caseload of our Social workers are in comparison to accepted State standards or any recommended standards nationwide that might exist for caseload workers. So I think you know where I'm going with this and I think you know why I'm raising those concerns.

I'd also like to know the duration in time that it takes for the Department of Social Services to process Medicare and Medi •• well, not Medicare, excuse me •• Medicaid applications for residents of private nursing homes and what the duration is in processing those claims; how long of a time, how much of a gap, and if there are shortages in that unit in terms of staffing shortages in which there's approved budgeted positions that remain unfilled. Thank you very much.

**CHAIRMAN MYSTAL:**

Thank you. Legislator Kennedy?

**LEG. KENNEDY:**

Thank you, Mr. Chair. Hi, Ed. How are you? Nice to see you again.

**DEPUTY COMMISSIONER HERNANDEZ:**

How are you doing?

**LEG. KENNEDY:**

And yes, I did speak with Janet last week and I know that •• so I look forward to the presentation that will be upcoming.

From my perspective, there's a couple of areas that I ask you to go ahead and just address or focus on with this presentation. Certainly the Emergency Drug Voucher Prescription Program, I had an interest in it last year, I continue to have an interest, and my interest goes not just to whether or not this program is working efficiently in its one location that we have now in Smithtown, I need to know basically what impact and how you can measure it or characterize it on the whole population that we're serving. And if, in fact, there is some legitimate means or a Social Services recipient or a Medicaid recipient or an individual without any services at all who's being treated in Central•Suffolk for a prescription, an emergency prescription, realistically being able to avail themselves of this program in Smithtown. So I don't want just numbers, I want to know about, you know, the department's view and perspective on the viability and legitimacy of this program for residents wherever they're at here in the County geographically.

Medicare Part D. Medicare Part D, we talked a lot about it last year back and forth in different communications. I want to know specifically what the impact is going to be with the department now as far as the Federal subsuming the medication component associated with the Medicaid bill. I know we have the cap that's come in as far as the State goes, but that notwithstanding, there should be some way to categorize or measure what this component is with our Health Department •• with our Social Service Department.

I want to know about the unit in the Department of Social Services that facilitates or advocates for Medicaid or other public service recipients making application for Supplemental security Income and/or Social Security Disability. I want to know how many people, County staff, I want to know how many applications as far as individuals being applied for, I want to know the success rate and initial application and then at denial and subsequent hearing. I want to know whether or not we're doing appeal based on denial at the hearing level in Jericho. I'd like a good, solid information•filled presentation concerning that component of operations in the department. And that will be it for starters. Thank you, Mr. Chairman.

**CHAIRMAN MYSTAL:**

Thank you. Legislator Stern?

**LEG. STERN:**

Mr. Chairman, thank you. Welcome. Many seniors need to apply for Medicaid coverage to assist them with the home care that they receive in their homes, and so we know how important it is to move those applications along. My request is really just to supplement Legislator Romaine's request, that in addition to the Medicaid applications for nursing home care, that we also have those numbers and the time element involved in an application for Medicaid home care services.

**DEPUTY COMMISSIONER HERNANDEZ:**

Okay.

**CHAIRMAN MYSTAL:**

Anybody else? Okay. Ed, thank you very much. And as you can see, you

know, I'm sure I'll see you again.

**DEPUTY COMMISSIONER HERNANDEZ:**

Yes, you will. Thank you.

**CHAIRMAN MYSTAL:**

Okay. I have one card; Mr. Stoltz?

**MR. STOLTZ:**

I'll be brief.

**CHAIRMAN MYSTAL:**

Thank you. You're so kind.

**MR. STOLTZ:**

Thank you, Chairman Mystal, Vice•Chairman Stern. Thank you for the opportunity to speak before you and good luck with your objectives and your charge for this year.

I'm Mike Stoltz, I'm the Executive Director of Clubhouse of Suffolk, a psychiatric rehabilitation and support agency in Ronkonkoma and in Riverhead, we serve people with psychiatric disabilities from 18 to 80. But I'm here today just to introduce to you, some of you already know our coalition, I'm the current Chair of the Suffolk Coalition of Mental Health Service Providers. We're a coalition, unfunded, of about 21 non•profit agencies and facilities in Suffolk County serving nearly 50,000 people each year and a full range of mental health services from housing to in•patient services, out•patient services, case management, day treatment, mental health clinic, and ACT teams, crisis intervention teams and such. We have about 5,000 employees and about 1,500 volunteers. Most of our agencies are, as the Commissioner spoke before, the Division of Community Mental Hygiene Services is one of the divisions within the Health Department, so our agencies are among the contract agencies for those services. Some of those services operate with State licenses, some of those services operate with State pass•thru dollars and some of those agencies and programs operate with a hundred percent with some County funding as well.



I just wanted to tell you we will be •• our members have programs throughout the County, we will be making every effort to meet with every Legislator and introduce us and introduce our services. It's our view that our services fall under the heading of when you have intervention, especially earlier intervention in mental health, you prevent a whole lot of expenses and prevent a whole lot of trauma and turmoil. Right now among the issues before us are about, as was mentioned before, as Legislator Kennedy pointed out, we have a large percentage of people in our County jail who are there for nonviolent crimes and who have committed •• who have serious mental illness and essentially have no place to go, we have a larger percentage of that group than most other counties in the State. We have a large percentage of people with serious mental illness who are in our homeless sectors who receive emergency assistance through DSS, and all that is also, we believe, related to that there hasn't been •• and the State bears a lot of this responsibility •• enough services, an adequate amount of services on an in•patient and out•patient capacity level for a number of years. So without that ability to provide intervention, we wind up paying later as a County as well as on a very personal level for people.

We also have concerns and the reason why our coalition formed just two years ago was about prompt payment for our contracts, to be able to see these contracted funds be turned around as quickly as possible. It is still a concern for us and that is one of the reasons why we will be here at every meeting and feel free to call upon a coalition representative or Mr. Moll with Island Public Affairs who also represents our concerns. Thank you.

**CHAIRMAN MYSTAL:**

Thank you very much, Mr. Stoltz. And we will count on you and we will be •  
• we know your services are very valuable to the County.

**MR. STOLTZ:**

Thank you.

**CHAIRMAN MYSTAL:**

And we know we could not pay enough money to get the services done. Anybody have any questions for Mr. Stoltz? Hearing none, I'm going to

move •• thank you very much, Mr. Stoltz.

**MR. STOLTZ:**

Can I give you some brochures?

**CHAIRMAN MYSTAL:**

You can give it to the Clerk. Thank you very much. Mr. Zwirn.

**MR. ZWIRN:**

Yes. Thank you, Mr. Chairman. If I could just make a request on behalf of the Social Services and the Health Department. If the Legislators with their questions, if they could put the questions in writing? I know because I was trying to write as fast as the requests were coming out. If Legislator Kennedy and Legislator Stern and Legislator Eddington and Legislator Romaine and yourself could just forward them, maybe through the Chair, to the Commissioner of Health and to the Social Services Commissioner, and then they can be answered in a methodical way so we don't miss anything or somebody thinks that we've left something out on purpose.

**LEG. ROMAINE:**

It's drafting as you speak.

**CHAIRMAN MYSTAL:**

We've already asked them, we've already asked them to put all requests in writing and to forward the request to the Chair, and also not just through the Chair, to forward it to the Presiding Officer and to the department, that way we have a record of it. We've already done that.

**MR. ZWIRN:**

Thank you very much.

**CHAIRMAN MYSTAL:**

Thank you. Moving to the agenda, quickly.

**LEG. SCHNEIDERMAN:**

We have an agenda?

**CHAIRMAN MYSTAL:**

We do have an agenda. We don't have any tabled resolutions, of course, and we don't have any Sense Resolutions, Sense have been eliminated, and we don't have any tabled resolutions. So we'll moving move on to Resolution 1055.

**Introductory Resolutions**

***1055•06 • To supplement existing HEAP Program to benefit a wider range of Suffolk residents (Alden).*** I have been asked by the sponsor to table this resolution, so I'll make a motion to table.

**LEG. KENNEDY:**

Second.

**CHAIRMAN MYSTAL:**

Second by Legislator Kennedy. All in favor? Hearing none,  
***Approved (VOTE: 5•0•0•0).***

***1058•06 • Accepting and appropriating \$200,000 in 100% grant funding from the New York State Office of Temporary and Disability Assistance for a Safety Net Drug and Alcohol Intensive Case Management Program in the Department of Social Services (County Executive).*** I make the motion to approve, seconded by Legislator Stern, and to be put on the consent calendar, it's a 100% grant. On the motion, any discussion? Hearing none, all in favor? Abstentions? ***Motion is approved (VOTE: 5•0•0•0).***

***1059•06 • Accepting and appropriating \$299,102 in 100% Federal Adoption Incentive Payment Funds from the New York State Office of Children and Family Services for the provision of Preventive Service Programs in the Department of Social Services and the Youth Bureau (County Executive).*** I make a motion to approve and to be put on the consent calendar.

**LEG. EDDINGTON:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Eddington. On the motion? Yes, sir?

**LEG. ROMAINE:**

Just a question; it can be rhetorical. I see Mr. Zwirn is leaving, so we'll be •

**CHAIRMAN MYSTAL:**

Mr. Zwirn?

**LEG. ROMAINE:**

No, no, that's okay. I just want to be sure that every time we accept a grant in which there is staffing, that the staffing positions will be filled in a timely fashion.

**CHAIRMAN MYSTAL:**

It's a rhetorical question, Mr. Zwirn.

**LEG. ROMAINE:**

Do we have a commitment from the County Executive?

**MR. ZWIRN:**

I think it has to be rhetorical.

**CHAIRMAN MYSTAL:**

It's a rhetorical question, Mr. Zwirn. If you really want to dabble into it ••

**MR. ZWIRN:**

If Legislator Romaine wants me to sign the SCIN forms, you know, we will have to have a Charter Amendment I think.

**CHAIRMAN MYSTAL:**

Okay.

**MR. ZWIRN:**

So short of that ••

**CHAIRMAN MYSTAL:**

He can't sign SCIN forms, I would talk with the county Executive.

**LEG. ROMAINE:**

So you can't say whether these positions will be filled in a timely fashion or not? Although we're accepting the grant that includes funding for these positions, you cannot say whether these positions will be filled in a timely fashion or not.

**MR. ZWIRN:**

Which •• if you could be specific with the positions, if you could give me a list of the positions that you're specifically interested in, then I can get back to you with an answer very quickly.

**CHAIRMAN MYSTAL:**

Mr. Romaine, I don't think •• we don't know if they require a position, you're saying in case they require a position, you would like for them to ••

**MR. ZWIRN:**

I'm sure there's a list, I'm sure Legislator Romaine has a list, I'll be glad to accept it.

**DEPUTY COMMISSIONER HERNANDEZ:**

Let me make this discussion a little easier.

**CHAIRMAN MYSTAL:**

Excuse me. Ed, I know you mean well. Mr. Zwirn, I know you mean well. I know all of you mean well; I'm cutting off on this mess. Right now I'm going to the resolution, we're going to do the resolution. I'm hungry, and when I get hungry I get cranky, you don't want to see me cranky. Now, motion to approve? I have a motion and a second? Okay, on the vote; yes?

Okay, ***it's approved and placed on the consent calendar (VOTE: 5•0***

**•0•0).**

**1060•06 • Accepting and appropriating \$400,000 in 100% grant funding from the New York State Office of Temporary and Disability Assistance for the Youth Engagement Services Program in the Department of Social Services (County Executive).** Motion to approve and put on the consent calendar with the intention that if there was any staffing required it will be appropriately filled as per requested by the department. Second by Legislator Eddington. All in favor? Opposed? Abstentions? **Approved and placed on the consent calendar (VOTE: 5 •0•0•0).**

We have no Home Rule Messages. Thank you very much for being here. We hope to have a shorter session. Motion to adjourn?

**LEG. EDDINGTON:**  
Yeah.

**CHAIRMAN MYSTAL:**  
Mr. Eddington, Mr. Kennedy. Meeting adjourned. Thank you very much.

**(\*The meeting was adjourned at 1:20 P.M.\*)**

**Legislator Elie Mystal, Chairman  
Health & Human Services Committee**

**\\_ \\_ • Denotes Spelled Phonetically**